FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1215273
03004205 Expires:
Estimated average burden hours per response16.00

Prefix Serial DATE RECEIVED

business trust limited partnership, to be formed Month Year	a Code)
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) REALTY CAPITAL VILLAGE CORNERS, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 1111 S. Main Street, Suite 200, Grapevine, TX 76051 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business TO CONSTRUCT, develop, operate and sell the project on that certain property of Business Organization Corporation Imited partnership, already formed to ther (please specify): Month Year Actual or Estimated Date of Incorporation or Organization: Imited partnership, already Service abbreviation for State: THO	a Code)
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) REALTY CAPITAL VILLAGE CORNERS, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 1111 S. Main Street, Suite 200, Grapevine, TX 76051 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business To construct, develop, operate and sell the project on that certain property of Business Organization corporation limited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: 111	a Code)
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Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business	a Code)
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To construct, develop, operate and sell the project on that certain representation corporation limited partnership, already formed other (please specify): Month Year Actual or Estimated Date of Incorporation or Organization: 1 1 0 1 2 Actual Estimated Burisdiction of Incorporation or Organization: (Enter two-letter U.S. Post Service invisidation)	
Type of Business Organization corporation	
Corporation Ilimited partnership, already formed Other (please specify): PROC	propert
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Post) Extended State: THO	ESSEC
	MSON MSON
GENERAL INSTRUCTIONS	381 317 12-
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. 77d(6).	or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed copy or bear typed or printed signatures.	ned must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Ap not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	•
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that he ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper at accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitution this notice and must be completed.	where sales mount shall
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to	

filing of a federal notice.

Enter the information request Each promoter of the iss		_	thin the past five years;			
Each beneficial owner has	iving the power	to vote or dispose, or dir				of equity securities of the issuer. thip issuers; and
Each general and manage Check Box(es) that Apply:	Promoter	partnership issuers. Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if indi Realty Capital Pa	•					
Business or Residence Address (reet, City, State, Zip Co	de)	······································		·
1111 S. Main Stree	t, Suite	200 Texas 760	51			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	_	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				·	
Myers, Richard A.,					· · · · ·	
Business or Residence Address (1111 S. Main Stree						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Business or Residence Address (Number and St	reet, City, State, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·		·
					:	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)					
Business or Residence Address (Number and St	reet, City, State, Zip Co	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				· · ·	
Business or Residence Address (Number and St	reet, City, State, Zip Co	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)		· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address (Number and St	reet, City, State, Zip Co	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if indi	vidual)	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Address (Number and St	reet, City, State, Zip Co	de)			
<u></u>	(Use blank	sheet, or copy and use	dditional copies of this s	heet, as necessary)		·

			+1								,		
1.	Has the	issuer sold	l. or does t	he issuer ir	ntend to se	ll. to non-a	ccredited i	nvestors ir	this offer	ing?	······	Yes	No ⁻⊡
-			,			Appendix							_
2.	What is	the minim	um investr									\$ <u>1,0</u>	00
						•	·					Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?			***************************************			Ø	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an as une of the l	eration for s sociated pe proker or de	olicitation rson or age aler. If me	of purchase ent of a brok	ers in conn ter or deale e (5) person	ection with or registered ns to be list	sales of se I with the sed are asso	curities in t SEC and/or	lirectly, any the offering with a state sons of such		
Ful	l Name (I N/A	Last name	first, if ind	ividual)								· ·	
Bus	siness or	Residence	Address (N	lumber and	i Street, C	ity, State, Z	ip Code)						
Non	of A a	sociated Br	alean on Da	volos			_	·			·		
1781	ine of As	sociated Di	okei oi De	aici						m - 1	ar each e		
Sta	tes in Wi	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·			
	(Check	"All States	or check	individual	States)	•		•	•			☐ Al	1 States
-	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	lividual)						······································	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	•	
Bus	siness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
Nai	me of As	sociated Br	oker or De	aler			_	·		·			-
• • •													
Sta	tes in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)					•••••••••		☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	lividual)		· · · · · · · · · · · · · · · · · · ·					•		
Bus	siness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)		·		·		-
Naı	me of As	sociated Br	oker or De	aler	·	· · · · · · · · · · · · · · · · · · ·			-		· · · · · · · · · · · · · · · · · · ·		
Sta	tes in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		- tonne				·
										••••••		Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	ĦĪ	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security		Aggre ffering	gate Price	4	Amount A Sold	•
	Debt	\$	0		\$	0	
	Equity	\$.	0 .		\$	0.	
	☐ Common ☐ Preferred				•		
	Convertible Securities (including warrants)	\$	0		\$	0	
	Partnership Interests			,000	S	384,	000
	Other (Specify)	\$)		\$	0	
	Total			000	\$	384,	000
	Answer also in Appendix, Column 3, if filing under ULOE.				•		
2 .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;					
			Numl	er		Aggre Dollar A	
			Inves	tors		of Purch	nases
	Accredited Investors				5	384,	000
	Non-accredited Investors	N	/A		5	0	
	Total (for filings under Rule 504 only)	_	·	<u>. </u>	5	S	
	Answer also in Appendix, Column 4, if filing under ULOE.						
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		• • •				
٠.	Time of Official		Type Secur			Dollar A	
	Type of Offering Rule 505		/A	•		Sold N/A	
	Regulation A		'A			N/A	
	Rule 504	_	A			N/A	· · · · · · · · · · · · · · · · · · ·
	Total		/A		•	N/A	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is	:	7.11		1		
	not known, furnish an estimate and check the box to the left of the estimate.						
	Transfer Agent's Fees			_	\$		
	Printing and Engraving Costs			_	•	2977	
	Legal Fees				\$.	1861	
	Accounting Fees				\$		
	Engineering Fees			_	\$		
	Sales Commissions (specify finders' fees separately)			_	\$		
	Other Expenses (identify)		••••••	_	-	3250	
	Total				\$	8088	

1	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u>\$375912</u>
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
;	Salaries and fees	\$43000	□ \$ <u>•</u>
1	Purchase of real estate]\$ <u></u>	\$ 332912
	Purchase, rental or leasing and installation of machinery and equipment[7\$	□\$ 0
4	Construction or leasing of plant buildings and facilities	\$ <u>0. ~~:</u>	\$ 0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		
	Working capital[_
1	Other (specify):] \$ <u> </u>	\$ 0
]\$ <u></u>	□ s <u>O</u>
	Column Totals	\$ 43000	⊌\$ 332912
	Total Payments Listed (column totals added)		75912
,			
gna	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ture constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis aformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
	r (Print or Type) lty Capital Village Corners, L.P.	Date 1/6	102
am	e of Signer (Print or Type) Title of Signer (Print or Type)		
	- · · · · · · · · · · · · · · · · · · ·		

ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	 17 CFR 230.262 presently subject	t to any of the disqualification	Yes	No

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Realty Capital Village Corners, L.P.	Signature	
Name (Print or Type) Richard Myers	Title Frin or Type) President of Realty Capital Parners, General Partner to Iss	uer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	20		:						
AK		,							
AZ									
AR									
CA									
СО									
CT							;		
DE									
DC	,								
FL									
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ID						· · · · · · · · · · · · · · · · · · ·		J	
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MS									

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1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		under Sta (if yes, explan waiver	lification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT			and the second s						
NE		<u></u>							
NV					<u> </u>				
NH	_ <u>`</u>							··.	
NJ	,				*-		<u>, , , , , , , , , , , , , , , , , , , </u>		
NM									
NY									
NC									
ND									
ОН				·					
ок									
OR									
PA		-							
RI							1		
sc									
SD									
TN		`							
TX		Х	\$384,000 Partnership Interest	34	\$384,000	0	0		X
UT									
VT									
VA									
WA									
wv									
WI									

									· .
1		2 3 4					5 Disqualification		
	Intend to sell to non-accredited investors in State (Part B-Item 1)		credited offering price in State offered in state		Type of investor and amount purchased in State (Part C-Item 2)				atte ULOE, attach attion of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									